



New Patient Registration — Additional Pets

Owner name: _____ SSN: _____

Additional pets — Health history

Pet's name: _____ Dog Cat Other _____ Lifestyle: Indoor Outdoor Indoor/Outdoor

Breed: _____ Color: _____ Birthdate: ____/____/____

Male Neutered —or— Female Spayed

Microchipped: Yes No If not, are you interested in the procedure? Yes No

Please **circle** any symptoms or problems you have noticed in your pet:

- | | | | | |
|------------------------------|----------------------------------|---------------------|---------------------------|-----------------|
| <i>Behavior Problems</i> | <i>Lack of Appetite</i> | <i>Sneezing</i> | <i>Bad Breath</i> | <i>Gagging</i> |
| <i>Diarrhea/Bloody Stool</i> | <i>Scratching</i> | <i>Shaking Head</i> | <i>Breathing Problems</i> | <i>Limping</i> |
| <i>Loss of Balance</i> | <i>Thirst/Urination Increase</i> | <i>Vomiting</i> | <i>Weakness</i> | <i>Scotting</i> |
| <i>Coughing</i> | <i>Other: _____</i> | | | |

Do you use heartworm prevention regularly? Yes No If yes, what type? _____

Do you use flea/tick preventative regularly? Yes No If yes, what type? _____

Current medication(s): _____

Describe your pet's diet: _____

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Additional notes. Be sure to state which pet(s) the notes apply to.

